

LETTERS *to the Editor*

A Call for Help

To the Editor: In my capacity as psychiatric consultant to public health nurses in one of the Bay-area counties, I have become more and more troubled by the following observation. I see a great number of patients who in addition to, or often as a direct consequence of, their physiological illness are struggling with painful, often disabling, sometimes lethal emotional problems (for example, suicidal depression). I am troubled by seeing that prior to the public health nurse's request for a psychiatric consultation, nobody seems to have called in a psychiatrist, even though the patients had been in treatment already for quite a while by a number of physicians, and sometimes even told their doctors openly how they felt. The physicians responded by prescribing psychotropic medications, giving reassurance and using "good bedside manners," making referrals to nurses, welfare and social workers; but seemed reluctant to call upon a fellow specialist, the psychiatrist. (Yet I feel it safe to assume that the very same physicians would not have hesitated to call in a surgical or internal specialist rather than referring the patient solely to a podiatrist or dietitian, useful as the latter may be in certain circumscribed situations!)

Why is this? Why this apparent reluctance on the part of physicians for a psychiatric consultation for anything but the most blatantly psychotic patient? — Or is my experience entirely atypical? — Whatever the reason, whatever the

case: I would like to know; I think we all should like to know!

Could we have become so preoccupied with multiphasic blood chemistries that we miss the emotional "cry for help" of the patient? Or do we secretly believe that emotional problems are "all in the mind" (= imaginary) and can be treated with "plain common sense" instead of specialized expertise? — Or have our non-psychiatric colleagues become disillusioned by us psychiatrists because we may have hidden behind the screen of the "sacred therapeutic hour" instead of responding to emergencies? Or have we distressed them with our non-directive psychiatric jargon when they wanted practical advice in plain English?

My purpose is not to find a culprit: my purpose is to understand the problem (if it is really as prevalent as it appears to me), and to find solutions. Maybe someone will ask for a NIH grant to research the question: I have no such ambitions (and the results may be outdated by the time they are published). The CMA may see fit to query our membership on this: but that too is not for me to decide.

What I do ask is this: when this letter is published, would all those who read it, psychiatrists and non-psychiatrists alike, be kind enough to let me have their opinion based, if possible, on their experiences with medical-psychiatric consultations? Maybe this could be done with sufficient discretion and anonymity to avoid even embarrassing anyone.

The question is: "Why this apparent reluctance to ask for psychiatric consultations?" — Please do help me to find the answer.

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